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Siemens Medical Solutions, Inc. **Ultrasound Division** 

K121138

S3000 Ultrasound System 510(k) Submission

# 510(k) Summary Prepared March 19, 2012

MAY 1 7 2012

1. Sponsor:

Siemens Medical Solutions, Inc.,

Ultrasound Division 1230 Shorebird Way

Mountain View, California 94043

Contact Person:

Shelly Pearce

Telephone:

(650) 694-5988

Fax:

(650) 694-5580

2. Device Name:

Acuson S3000™ Diagnostic Ultrasound System

Common Name:

Diagnostic Ultrasound System

Classification:

Regulatory Class:

Ш

Review Category:

Tier II Classification Panel: Radiology

Ultrasonic Pulsed Doppler Imaging System FR # 892,1550 Ultrasonic Pulsed Echo Imaging System Diagnostic Ultrasound Transducer

FR # 892.1560

Product Code 90-IYN Product Code 90-IYO Product Code 90-ITX

Diagnostic Ultrasound Catheter

FR # 892.1570 FR # 870.1200

Product Code OBJ

# 3: Legally Marketed Predicate Devices

The Acuson S3000™Ultrasound System is substantially equivalent to the company's own Acuson Antares and S2000 Ultrasound Systems.

# 4. Device Description:

The S3000™ Ultrasound System is a multi-purpose mobile, software controlled diagnostic ultrasound system with and on-screen display for thermal and mechanical indices related to potential bio-effect mechanisms. Its function is to acquire primary or secondary harmonic ultrasound echo data and display it in B-Mode, M-Mode, Pulsed (PW) Doppler Mode, Continuous (CW) Doppler Mode, Color Doppler Mode, Amplitude Doppler Mode, a combination of modes, or Harmonic Imaging and 3D/4D Imaging on a Flat Panel Display. It is substantially equivalent to our current S2000 product (K111674, K093812, K090334, K072786, K081148), and Siemens V7M (K063085), AcuNav 8F and AcuNav 10F (K071234) transducers. These predicates are legally marketed devices.

#### 5. Intended Use

The S3000™ ultrasound imaging systems are intended for the following applications: Fetal, Abdominal, Intraoperative, Pediatric, Small Parts, Transcranial, OB/GYN, Cardiac, Pelvic, Neonatal/Adult Cephalic, Vascular, Musculoskeletal, Superficial Musculoskeletal, and Peripheral Vascular applications.

The system also provides the ability to measure anatomical structures {fetal, abdominal, intraoperative, intraoperative neurological, pediatric, small organ, neonatal cephalic, adult cephalic, cardiac, trans-esophageal, transrectal, transvaginal, peripheral vessel, musculo-skeletal (conventional), musculo-skeletal (superficial) and neonatal cardiac} and calculation packages that provide information that provide information to the clinician that may be used adjunctively with other medical data obtained by a physician for clinical diagnosis purposes.

The Arterial Health Package (AHP) software provides the physician with the capability to measure Intima Media Thickness and the option to reference normative tables that have been validated and published in peer-reviewed studies. The information is intended to provide the physician with an easily understood tool for communicating with patients regarding state of their cardiovascular system. This feature should be utilized according to the "ASE Consensus Statement; Use of Carotid Ultrasound to Identify Subclinical Vascular Disease and Evaluate Cardiovascular Disease Risk: A Consensus Statement from the American Association of Echocardiography; Carotid Intima-Media Thickness Task Force, Endorsed by the Society for Vascular Imaging".

The Acuson Acunav Ultrsound Catheter is intended for intra-cardiac and intra-luminal visualization of cardiac and great vessel anatomy and physiology, as well as visualization of other devices in the heart of adult and pediatric patients.

# 6. Summary of Technological Characteristics - New Device Compared to Predicate

Feature / Characteristic	Acuson S3000	Acuson S2000 K072786	Acuson S2000 K093812	Acuson S2000 K090334	Acuson \$2000 K111674
Indications for Use:					
■ Fetal	√	√	√ .	√ √	√ .
<ul><li>Abdominal</li></ul>	√	√	۷ ا	√	√ √
Intraoperative abdominal and vascular	1	✓	. 4	۷	1
Intraoperative neurological					j
Pediatric	1 1	1	√	√ √	√
Small Organ	<b>√</b>	√	1	√	√
Neonatal cephalic	√ √	√	√	√ √	۷
Adult Cephalic	٧	√ .	₹ .	√	√ √
Cardiac	✓	√	4	√	√
Trans-esophageal	√ √	1	√	4	4
Transrectal	√	√	4	4	√
Transvaginal	4	[ √	4	√	4
Peripheral vessel	√	√	1	4	1
Laparoscopic			- `		
Musculo-skeletal (conventional)	4	√	4	4	√
Musculo-skeletal (superficial)	√	4	4	٧	1
Center Frequencies Supported:					
2.0 MHz	4	1	4	4	√
3.0 MHz	1	1	4	1	4
3.2 MHz	1	1	1	4	1
3.3 MHz	1	1.	4	1	√
4.2 MHz	1	√.	4	4	√

Feature / Characteristic	Acuson S3000	Acuson S2000 K072786	Acuson \$2000 K093812	Acuson \$2000 K090334	Acuson \$2000 K111674
■ 4.4 MHz	1	1	1	1	1
■ 4.8 MHz	1	1	. 1	√	. 1
■ 5.0 MHz	1	1	√	1	1
■ 5.2 MHz	. 1	1	√	√	√ √
■ 6.0 MHz	٧.	1	√ √	٧.	√
■ 6.5 MHz	1	. 1	√	√	√
■ 6.9 MHz	1	√	. ✓	√	1
■ 9.5 MHz	, 1	1	√	√	√ .
■ 10.0 MHz	1	√ .	√	. √	1
Modes:					
■ B .	√	٧	√	√	1
Parallel processing in B mode	1	1	1	4	1
■ M	√	√	4	4	√
PWD (Pulsed Wave Doppler)	1	1	4	√	1
CWD (Continuous Wave Doppler)	<b>√</b> .	√	√ ,	4	4
D (Color Doppler)	√ √	√ √	√	√	1
Amplitude Doppler	√ √	√	4	4	1
Combined (BMDC)	√	√	٧	4	. 1
Features:	·			·	
Quad processing in color	7		·		1
Native™ tissue harmonic imaging	٧.		i		√
■ SieScape™ panoramic imaging	<b>V</b>				√
Color SieScape™ panoramic imaging	4	·	'		1
3-Scape™ real-time 3D imaging	4			•	1
fourSight™ 4D transducer technology	4				1
■ TEQ™ ultrasound technology	√				4
Cardiac Imaging physiological signal display	4				4
syngo ® Auto OB measurements	4				1
Advanced SieClear™ spatial compounding	4				4
STIC	1	1			√
Amnioscopic rendering	√				√ .
Cadence contrast agent imaging	٧			,	√
Clarify™ vascular enhancement technology	٧				<b>√</b>
eSie™ Touch elasticity imaging	1				. 1
syngo ® Auto Left heart	4	1	j		. 1
syngo ® Velocity Vector Imaging	1				√
Semi Auto-segmentation	1	4			√ 
Custom Tissue Imaging / Speed of Sound	. 1		1		1
AHP	1			4	
Monitor: 19" FPD	1				1
Output Display Standard (Track 3)	1	V	1		<b>V</b> .

Feature / Characteristic	Acuson S3000	Acuson \$2000 K072786	Acuson \$2000 K093812	Acuson \$2000 K090334	Acuson \$2000 K111674	
Patient Contact Materials .	Tested to ISO 10993-1	Tested to ISO 10993-1	Tested to ISO 10993-1	Tested to ISO 10993-1	Tested to ISO 10993-1	
UL 60601-1 Certified	4	4	7	4	1	

# 7. A brief discussion of nonclinical tests submitted, referenced, or relied on in the 510(k) for a determination of substantial equivalence.

The device has been evaluated for acoustic output, biocompatibility, cleaning and disinfection effectiveness as well as thermal, electrical, electromagnetic and mechanical safety and has been found to conform with applicable medical device safety standards. The system complies with the following voluntary standards:

- UL 60601-1, Safety Requirements for Medical Equipment
- IEC 60601-2-37 Diagnostic Ultrasound Safety Standards
- CSA C22.2 No. 601-1, Safety Requirements for Medical Equipment
- AIUM/NEMA UD-3, Standard for Real Time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment
- AIUM/NEMA UD-2, Acoustic Output Measurement Standard for Diagnostic Ultrasound
- 93/42/EEC Medical Devices Directive
- Safety and EMC Requirements for Medical Equipment
  - EN/IEC 60601-1
  - EN/IEC 60601-1-1
  - EN/IEC 60601-1-2
- IEC 1157 Declaration of Acoustic Power
- ISO 10993-1 Biocompatibility

Cleared patient contact materials, electrical and mechanical safety are unchanged.

# 8. A summary discussion of the clinical tests submitted, referenced, or relied on for a determination of substantial equivalence.

Since the S3000 uses the same technology and principles as existing devices, clinical data is not required.

### 9. Summary

Intended uses and other key features are consistent with traditional clinical practice and FDA guidelines. The design and development process of the manufacturer conforms with 21 CFR 820 Quality System Regulation and ISO 13485:2003 quality system standards. The product is designed to conform with applicable medical device safety standards and compliance is verified through independent evaluation with ongoing factory surveillance. Diagnostic ultrasound has accumulated a long history of safe and effective performance. Therefore it is the opinion of Siemens Medical that the S3000 is substantially equivalent with respect to safety and effectiveness to devices currently cleared for market.



Food and Drug Administration 10903 New Hampshire Avenue Silver Spring, MD 20993

Siemens Medical Solutions USA, Inc. % Mr. Mark Job
Third Party Consultant
Regulatory Technology Services LLC
1394 25<sup>th</sup> Street NW
BUFFALO MN 55313

MAY 1 7 2012

Re: K121138

Trade/Device Name: S3000™ Diagnostic Ultrasound System

Regulation Number: 21 CFR 892.1550

Regulation Name: Ultrasonic pulsed doppler imaging system

Regulatory Class: II

Product Code: IYN, IYO, and ITX

Dated: May 10, 2012 Received: May 14, 2012

# Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the S3000<sup>TM</sup> Diagnostic Ultrasound System, as described in your premarket notification:

# Transducer Model Number

CW2 Probe CW5 Probe EC9-4 Curved Array 9L4 Linear Array 14L5 Multi-D Array 4P1 Phased Array 6C2 Curved Array 4C1 Curved Array
6C1HD Curved Array
8C3HD Curved Array
4V1 Phased Array
10V4 Phased Array
14L5 SP Linear Array

7CF2 Curved array mechanical 3D

9EVF4 Curved Array V5Ms Multiplane TEE 18L6 HD Linear Array 8V3 Phased Array 4V1c Phased Array EV8C4
V7M TEE
AcuNav 8F Ultrasound Catheter
AcuNav 10F Ultrasound Catheter

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <a href="http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm">http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm</a> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

If you have any questions regarding the content of this letter, please contact Jeffrey J. Ballyns at (301) 796-6105.

Sincerely Yours,

Janine M. Morris
Acting Director

Division of Radiological Devices Office of In Vitro Diagnostic Device

**Evaluation and Safety** 

Center for Devices and Radiological Health

#### 1.3 Indications for Use

# A. 510(k) Number (if known):

Device Name: S3000™Diagnostic Ultrasound System

# Indications for Use:

The S3000™ ultrasound imaging systems are intended for the following applications: Fetal, Abdominal, Intraoperative, Pediatric, Small Parts, Transcranial, OB/GYN, Cardiac, Pelvic, Neonatal/Adult Cephalic, Vascular, Musculoskeletal, Superficial Musculoskeletal, and Peripheral Vascular applications.

The system also provides the ability to measure anatomical structures {fetal, abdominal, intraoperative, intraoperative neurological, pediatric, small organ, neonatal cephalic, adult cephalic, cardiac, trans-esophageal, transrectal, transvaginal, peripheral vessel, musculo-skeletal (conventional), musculo-skeletal (superficial) and neonatal cardiac} and calculation packages that provide information that provide information to the clinician that may be used adjunctively with other medical data obtained by a physician for clinical diagnosis purposes.

The Arterial Health Package (AHP) software provides the physician with the capability to measure Intima Media Thickness and the option to reference normative tables that have been validated and published in peer-reviewed studies. The information is intended to provide the physician with an easily understood tool for communicating with patients regarding state of their cardiovascular system. This feature should be utilized according to the "ASE Consensus Statement; Use of Carotid Ultrasound to Identify Subclinical Vascular Disease and Evaluate Cardiovascular Disease Risk: A Consensus Statement from the American Association of Echocardiography; Carotid Intima-Media Thickness Task Force, Endorsed by the Society for Vascular Imaging".

The Acuson Acunav Ultrsound Catheter is intended for intra-cardiac and intra-luminal visualization of cardiac and great vessel anatomy and physiology, as well as visualization of other devices in the heart of adult and pediatric patients.

Prescription Use(Part 21CFR 801 Subpar	·	Over-The-Counter Use (21 CFR 801 Subpart C)
(PLEASE DO NOT W	RITE BELOW THIS LINE-CO	ONTINUE ON ANOTHER PAGE IF NEEDED)
Concurre	ence of CDRH, Office of In	Vitro Diagnostic Devices (OIVD)
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Division Sign-Off Office of In Vitro Diag	nostic Device Evaluation ar	nd Safety
510(k) 613113	8	Page 1 of

# 1.3 Indications for Use Forms

# Diagnostic Ultrasound Indications for Use Form

510 (k) Number (if known):

Device Name:

**ACUSON S3000 Ultrasound System** 

Intended Use:

Ultrasound imaging or fluid flow analysis of the human body as follows:

	1					M	lode of Oper	ation		
Clinical Application	Α	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic		<u> </u>								
Fetal		N	N	N	N	N .	N		BMDC	Note 2,3,4,5,7,8,10, 11, 13
Abdominal		N	N	N	N	. N	N		BMDC	Note 2,3,4,5,7,8,10, 11, 13, 16
Intraoperative (Note 9)		N	N	N	N	Ń	N	·	вмос	Note 2,3,4,5,7,8,10, 11, 14
Intraoperative Neurological	_	Z	N	Ν		N	N		BMDC	Note 2,3,4,5,7,8,10, 11, 14
Pediatric		N	Z.	N	N	N	N		BMDC	Note 2,3,4,5,7,8,10, 11
Small Organ (Note 1)		N	N	N	N	N .	N		BMDC	Note 2,3,4,5,7,8,10, 11,14, 16
Neonatal Cephalic		N	N	N .	N	N	N		BMDC	Note 2,3,4,5,7,8,10
Adult Cephalic		N	Ν	N	N	N	N		· BMDC	Note 2,3,4,5,7,8,10
Cardiac		N	Z	. N	N	N	N		BMDC	Note 2,3,4,5,6,7,8,10,15
Trans-esophageal		N	N	N.	N	N	N		BMDC	Note 4
Transrectal		Ν	N	N		N	N		вмос	Note 2,3,4,5,7,8,10, 11,14
Transvaginal		N	N	Ν		N	N		вмос	Note 2,3,4,5,7,8,10, 11
Transurethral										
Intravascular										1
Peripheral vessel		Ν	N	N	N	N	N		BMDC	Note2,3,4,5,6,7,8,10, 11,14,15
Laparoscopic										
Musculo-skeletal Conventional	_	N	N	N	N	N ·	N		BMDC	Note 2,3,4,5,7,8,10, 11,14
Musculo-skeletal Superficial		N	N	N	N	N	N		BMDC	Note 2,3,4,5,7,8,10, 11,14
Other (specify) Neonatal Cardiac		N	N	N	N	N	N		BMDC	Note 3,4,6, 10

N = new indication; P = previously cleared by FDA K063085, K063803, K072786, K081148, K082142, K090334, K093812, K111674

Note 1 For example: breast; testes, thyroid, penis, prostate, etc.

Note 3 SieClear multi-view spatial compounding

Note 5 3-Scape real-time 3D imaging

Note 7 B&W SieScape panoramic imaging

Note 9 For example: vascular, abdominal

Note 11 Advanced Sieclear spatial compounding

Note 14 eSie™ Touch elasticity imaging / FTI Note 16 Custom Tissue Imaging Note 2 Ensemble tissue harmonic imaging

Note 4 Tissue Equalization Technology

Note 6 Cadence contrast agent imaging

Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology

Note 13 STIC

Note 15 AHP

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Concurrence of CDRA, Office of In Vitre-Diagnostic Devices (OIVD)

Prescription Use Part 210FR 801 Subpart D

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

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510 (k) Number (if known):

Device Name:

CW2 Probe for use with ACUSON \$3000

Intended Use:

Ultrasound imaging or fluid flow analysis of the human body as follows:

						M	ode of Opera	ation		
Clinical Application	Α	В	М	PWD	CMD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal					P					
Abdominal					Р					
Intraoperative (Note 9)					Р					······································
Intraoperative Neurological	·					,			!	
Pediatric					Р					
Small Organ (Note 1)	!				Р					
Neonatal Cephalic					P					
Adult Cephalic	<u> </u>				P					
Cardiac					Р					
Trans-esophageal										
Transrectal	l ·									
Transvaginal:										
Transurethral										<u> </u>
Intravascular										
Peripheral vessel					Р					
Laparoscopic										
Musculo-skeletal Conventional					Р	-				
Musculo-skeletal Superficial					Р					
Other (specify)									· -]_	

N = new indication; P = previously cleared by FDA K# 063803, K072786, K081148, K082142, K090334, , K093812, K111674

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 9 For example: vascular, abdominal

Additional Comments:

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription Use (Part 21CFR 801 Subpart D)

(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

5/3/138

510 (k) Number (if known):

Device Name:

CW5 Probe for use with ACUSON S3000

Intended Use:

Ultrasound imaging or fluid flow analysis of the human body as follows:

				-	****	M	ode of Oper	ation	<del></del>	
Clinical Application	А	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic				ĺ	1					
Fetal					Р					
Abdominal					Р		_			
Intraoperative (Note 9)					Р					
Intraoperative Neurological					P					
Pediatric					Р					
Small Organ (Note 1)					Р		-			
Neonatal Cephalic					P					<u> </u>
Adult Cephalic					P.					
Cardiac					P				i i	
Trans-esophageal						·				
Transrectal									ï i.	
Transvaginal										,
Transurethral										
Intravascular										•
Peripheral vessel					Р					
Laparoscopic										
Musculo-skeletal Conventional					Р					
Musculo-skeletal Superficial					Р					
Other (specify)										

N = new indication; P = previously cleared by FDA K# 063803, K072786, K081148, K082142, K090334, , K093812, K111674 Additional Comments:

Note 1	For example	: breast, testes	s thyroid be	enis prostate	etc

Note 9 For example: vascular, abdominal

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription Use (Part 21CFR 801 Subpart D)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K

510 (k) Number (if known):

Device Name: Intended Use:

EC9-4 Curved Array Transducer for use with ACUSON \$3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

	Mode of Operation									
Clinical Application	Α	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		Р	Р	Р		Ը	P		BMDC	Note 2,3,4,5,7,8,10, 11
Abdominal		₽	Ρ	Р		P.	Р		BMDC	Note 2,3,4,5,6,,7,8,10, 11
Intraoperative Abdominal										
Intraoperative Neurological		·				<u>.                                    </u>				
Pediatric										
Small Organ (Note 1)		P	Р	Р		Ρ	P		BMDC	Note 2,3,4,5,7,8,10, 11,14
Neonatal Cephalic		Р	ᠣ	Р		Р	ρ		BMDC	Note 2,3,4,5,7,8,10
Adult Cephalic										
Cardiac										
Trans-esophageal									,	
Transrectal		Ρ	Ρ	Р		Р	Р	·.	вмос	Note 2,3,4,5, 6, 7,8,10, 11,14
Transvaginal		Ρ	Ρ	P		Р	P		BMDC ·	Note 2,3,4,5,7,8,10, 11
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional	·									
Musculo-skeletal Superficial										
Other (specify)						•				

N = new indication; P = previously cleared by FDA K# 063803, K072786, K081148, K082142, K090334, K093812, K111674

Additional (	Comments:
--------------	-----------

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 SieClear multi-view spatial compounding

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging

Note 6 Cadence contrast agent imaging Note 7 B&W SieScape panoramic imaging

Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding

Note 14 · eSie™ Touch elasticity imaging / FTI

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Michael	(Division Sign-Off)	
Divisio	in of Radiological Devices rience of CDRH, Office of In Vitro Diagnostic Devices (OIVD)	
Office of In Vitro Die	agnostic Device Evaluation and Seferacription Use (Part 21CFR 801 Subpart D)	
<b>1 1</b>	21138	
510K		

510 (k) Number (if known):

Device Name: Intended Use:

9L4 Linear Array Transducer for use with ACUSON S3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

				·······	·		Mode of C	peration		·
Clinical Application	A	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
. Ophthalmic				•						
Fetal		Р	·P	P		Р	Р		BMDC	Note 2,3,4,5,7,8,10, 11
Abdominal										
Intraoperative Abdominal				·						
Intraoperative Neurological										
Pediatric		Р	P	P		Р	Р		BMDC	Note 2,3,4,5,7,8,10, 11
Small Organ (Note 1)		Р	Р	Р		Р	þ		BMDC	Note 2,3,4,5,6,7,8,10, 11,14, 16
Neonatal Cephalic		Ρ	Р	Р		. Р	Р		BMDC	Note 2,3,4,5,7,8,10, 11
Adult Cephalic		Р	Ρ	Р		Р	Р			
Cardiac		Р	. Р	Р		, b	Р		BMDC	Note 15
Trans-esophageal									•	
Transrectal					-					
Transvaginal						·				
Transurethral										_
Intravascular										
Peripheral vessel		Ъ	Ρ	Р		. Р	Р	-	вмос	Note 2,3,4,5,6, 7,8,10, 11, 14,15
Laparoscopic										-
Musculo-skeletal Conventional		P	Ρ	Р		Р	Р		BMDC	Note 2,3,4,5,6,7,8,10, 11, 14
Musculo-skeletal Superficial		Р	Р	Р		Р	Р		BMDC	Note 2,3,4,5,6,7,8,10, 11, 14
Other (specify)							•			

N = new indication; P = previously cleared by FDA K# 063085, K072786, K081148, K082142, K090334, K093812, K111674

#### Additional Comments:

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 SieClear multi-view spatial compounding

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging

Note 6 Cadence contrast agent imaging

Note 7 B&W SieScape panoramic imaging Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding

Note 14 eSie™ Touch elasticity imaging / FTI

Note 15 AHP

Note 16 Custom Tissue Imaging

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510 (k) Number (if known):

Device Name: Intended Use: 14L5 Multi-D Array Transducer for use with ACUSON \$3000 Ultrasound imaging or fluid flow analysis of the human body as follows:

	1					M	ode of Opera	ation		
Clinical Application	Α	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic	•	1	П							
Fetal										
Abdominal										
Intraoperative Abdominal								·		
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)		Р	Р	Р		Р	Р		BMDC	Note 2,3,4,5,7,8,10, 11, 14, 16
Neonatal Cephalic										· 
Adult Cephalic										
Cardiac										
Trans-esóphageal										
Transrectal	<u> </u>	-								
Transvaginal										•
Transurethral										
Intravascular										
Peripheral vessel		Р	Ρ	Р		P	Р		BMDC	Note 2,3,4,5,6, 7,8,10, 11, 14
Laparoscopic										
Musculo-skeletal Conventional		Р	Р	Р		Р	Р		вмос	Note 2,3,4,5,7,8,10, 11, 14
Musculo-skeletal Superficial										
Other (specify)										

N = new indication; P = previously cleared by FDA K# 063085, K072786, K081148, K082142, K090334, K093812, K111674

#### Additional Comments:

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 SieClear multi-view spatial compounding
- Note 4 Tissue Equalization Technology Note 5 3-Scape real-time 3D imaging
- Note 6 Cadence contrast agent imaging
- Note 6 Cadence contrast agent imaging Note 7 B&W SieScape panoramic imaging
- Note 8 Power SieScape panoramic imaging
- Note 10 Clarify VE vascular enhancement technology
- Note 11 Advanced Sieclear spatial compounding
- Note 14 eSie™ Touch elasticity imaging / FTI
- Note 16 Custom Tissue Imaging

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510 (k) Number (if.known):

Device Name:

4P1 Phased Array Transducer for use with ACUSON \$3000

Intended Use:

Ultrasound imaging or fluid flow analysis of the human body as follows:

_		•				M	lode of Oper	ation		
Clinical Application	А	В	М	PWD	CMD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	Р	Р	Р	Р	Р		BMDC	Note 2,3,4,5,7,8,10
Abdominal		Р	Р	P	Р	Р	Р		BMDC	Note 2,3,4,5,7,8,10
Intraoperative Abdominal						•				
Intraoperative Neurological	·									
Pediatric								_		
Small Organ									·	
Neonatal Cephalic	,									
Adult Cephalic		J	P	Р	Р	Р	P		BMDC	Note 2,3,4,5,7,8,10
Cardiac		Ŧ	D.	Р	Р	Р	Р		BMDC	Note 2,3,4,5,6,7,8,10
Trans-esophageal										
Transrectal										
Transvaginal										
Transurethral									•	
Intravascular					-					
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial									,	•
Other (specify)										

N = new indication; P = previously cleared by FDA K# 063803, K072786, K081148, K082142, K090334, K093812, K111674

# Additional Comments:

Note 2	Ensemble tissue harmonic imaging
Note 3	SieClear multi-view spatial compounding

Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD) Prescription Use (Part 21CFR 801 Subpart D)

Division of Radiological Devices

Office of in Vitro Diagnostic Device Evaluation and Safety

Tissue Equalization Technology Note 4 Note 5 3-Scape real-time 3D imaging Cadence contrast agent imaging Note 6 B&W SieScape panoramic imaging Note 7

510 (k) Number (if known):

Device Name: Intended Use: 6C2 Curved Array Transducer for use with ACUSON \$3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

						M	ode of Opera	ation		
Clinical Application	А	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic									:	
Fetal		Р	Р	.Р		Ρ	. Р	•	BMDC	Note 2,3,4,5,7,8,10,
Abdominal		Р	Р	Р.	•	Р	,P		вмос	Note 2,3,4,5,7,8,10, 11, 14, 16
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric		P	Ð	Р		P	Р		вмос	Note 2,3,4,5,7,8,10, 11
Small Organ										
Neonatal Cephalic										١
Adult Cephalic										
Cardiac							•			
Trans-esophageal	-					•				
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel		Р	Р	Р		Ρ	Р		вмос	Note 2,3,4,5,7,8,10,
Laparoscopic										
Musculo-skeletal Conventional								-		
Musculo-skeletal Superficial										
Other (specify)										

N = new indication; P = previously cleared by FDA K# 063085, K072786, K081148, K082142, K090334, K093812, K111674

Addition	าคาไ	$c_{n}$	ments:

- Note 2 Ensemble tissue harmonic imaging
- Note 3 SieClear multi-view spatial compounding
- Note 4 Tissue Equalization Technology
- Note 5 3-Scape real-time 3D imaging
- Note 7 B&W SieScape panoramic imaging
- Note 8 Power SieScape panoramic imaging
- Note 10 Clarify VE vascular enhancement technology
- Note 11 Advanced Sieclear spatial compounding
- Note 14 eSie™ Touch elasticity imaging / FTI
- Note 16 Custom Tissue Imaging

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(Division Sign Ct) Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)
Division of Radiological Devices Prescription Use (Part 21CFR 801 Subpart D)
Office of In Vitro Diagnostic Device Evaluation and Safety
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- 510 (k) Number (if known):

Device Name: Intended Use: 4C1 Curved Array Transducer for use with ACUSON \$3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

						М	ode of Oper	ation		
Clinical Application	A	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P.	Р	₽	Р	Р	P		BMDC	Note 2,3,4,5,7,8,10, 11
Abdominal		Р	Р	Р	Р	Р	Р		вмос	Note2,3,4,5,6,7,8, 10, 11, 14, 16
Intraoperative Abdominal									,	
Intraoperative Neurological										
Pediatric										
Smail Organ		P	Р	Ρ	Р	Р	Р		BMDC	
Neonatal Cephalic										
Adult Cephalic .							<b>'</b>			
Cardiac		Р	Р	P	Р	P	Ρ		BMDC	
Trans-esophageal										
Transrectal .										
Transvaginal										
Transurethral						•			,	
Intravascular										
Peripheral vessel		Р	Р	Р	Р	Р	Р		BMDC	
Laparoscopic										
Musculo-skeletal Conventional								<u> </u>		
Musculo-skeletal Superficial					-				,	
Other (specify)	$\neg \neg$									

N = new indication; P = previously cleared by FDA K# 063085, K072786, K081148, K082142, K090334, K093812, K111674

#### Additional Comments:

Note 2	Ensemble	tissue	harmonic	imaging
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Note 3 SieClear multi-view spatial compounding

Note 4 Tissue Equalization Technology

3-Scape real-time 3D imaging Note 5

Note 6 Cadence contrast agent imaging

**B&W SieScape panoramic imaging** Note 7

Note 8 Power SieScape panoramic imaging Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding Note 14 eSie™ Touch elasticity imaging / FTI

Note 16 Custom Tissue Imaging

Division of Radiological Devices

Vitro Diagnostic Device Evaluation and Safety

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510 (k) Number (if known):

Device Name: Intended Use:

6C1HD Curved Array Transducer for use with ACUSON \$3000 Ultrasound imaging or fluid flow analysis of the human body as follows:

						Me	ode of Oper	ation		
Clinical Application	А	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic			Γ							
Fetal		Р	Р	Р	Р	P	P		BMDC	Note 2,3,4,5,7,8,10, 11
Abdominal		P	Р	P	Р	Р	Р	-	вмос	Note2,3,4,5,6,7,8, 10, 11, 14, 16
Intraoperative . Abdominal										
Intraoperative Neurological								• .		·
Pediatric										
Small Organ		Р	Р	P	ρ	Ρ	Р		BMDC	
Neonatal Cephalic										
Adult Cephalic							·			·
Cardiac		Р	ρ.	Р	Ρ	Р	Р		BMDC	
Trans-esophageal									<u>.</u> .	
Transrectal									-	<del></del> -
Transvaginal										<del>,</del>
Transurethral										<u> </u>
Intravascular										
Peripheral vessel		P	Ρ	P	Р	. P	Р	<u></u>	BMDC	
Laparoscopic										
Musculo-skeletal Conventional					<u>.</u>					
Musculo-skeletal Superficial										
Other (specify)					-		•			

N = new indication; P = previously cleared by FDA K# 111674

#### Additional Comments:

Ensemble tissue harmonic imaging Note 2

Note 3 SieClear multi-view spatial compounding

Tissue Equalization Technology Note 4 3-Scape real-time 3D imaging

Note 5 Cadence contrast agent imaging

Note 6

**B&W SieScape panoramic imaging** Note 7 Power SieScape panoramic imaging Note 8

Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding

Note 14 eSie™ Touch elasticity imaging / FTI

Note 16 Custom Tissue Imaging

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Office of in Vitro Diagnostic Device Evaluation and Safety

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510 (k) Number (if known):

Device Name: Intended Use:

8C3HD Curved Array Transducer for use with ACUSON S3000 Ultrasound imaging or fluid flow analysis of the human body as follows:

						M	ode of Oper	ation		
Clinical Application	А	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		N	N	· N		N	N		вмос	Note 2,3,4,5,7,8,10,
Abdominal		N	N	N		N	N		BMDC	Note 2,3,4,5,7,8,10, 11, 14, 16
Intraoperative Abdominal				-						· · · · · · · · · · · · · · · · · · ·
Intraoperative Neurological										
Pediatric		N	N	Ŋ		N	·N		BMDC	Note 2,3,4,5,7,8,10, 11
Small Organ		N	N	N		N	N	•	BMDC	
Neonatal Cephalic					,					
Adult Cephalic										
Cardiac										
Trans-esophageai										
Transrectal										
Transvaginal										
Transurethral										
Intravascular				_						
Peripheral vessel		z	Z	Ŋ		N	N		BMDC	Note 2,3,4,5,7,8,10, 11
Laparoscopic					ĺ					
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

N = new indication; P = previously cleared by FDA K#

#### Additional Comments:

Note 2	Ensemble	tissue	harmonic	imaging

Note 16 Custom Tissue Imaging

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Note 3 SieClear multi-view spatial compounding

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging

Note 6 Cadence contrast agent imaging

Note 7 B&W SieScape panoramic imaging. Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding

Note 14 eSie™ Touch elasticity imaging / FTI

510 (k) Number (if known):

Device Name: Intended Use:

4V1 Phased Array Transducer for use with ACUSON \$3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

	Γ					M	ode of Opera	ation		·
Clinical Application	А	В	м	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic								- " -		
Fetal		Р	Р	Р		ρ.	Р		8MDC	Note 2,3,4,5,7,8,10
Abdominal		Р	Р	Р		P	ρ		BMDC	Note 2,3,4,5,7,8,10, 14, 16
Intraoperative Abdominal										
Intraoperative Neurological						<u>.</u>				
Pediatric										
Small Organ							,		<u>,                                      </u>	
Neonatal Cephalic								_		
Adult Cephalic										
Cardiac										
Trans-esophageal										
Transrectal		Ť.								
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										<u></u>
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)	·									

N = new indication; P = previously cleared by FDA K# 063085, K072786, K081148, K082142, K090334, K093812, K111674

#### Additional Comments:

Note 2	Ensemble	tissue	harmonic	imaging

Note 3 SieClear multi view spatial compounding

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging ....

Note 7 B&W SieScape panoramic imaging

Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technologoffice of In

Note 11 Advanced Sieclear spatial compounding

Note 14 eSie™ Touch elasticity imaging / FTI

Note 16 Custom Tissue Imaging

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Office of In Vitro Diagnostic Device Evaluation and Safety

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510 (k) Number (if known):

Device Name: Intended Use: 10V4 Phased Array Transducer for use with ACUSON \$3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

						M	lode of Oper	ation		
Clinical Application	A	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic -		Ι								
Fetal	,	Р	Ρ.	Р	Р	Р	Р		BMDC	Note 2,3,4,5,7,8,10
Abdominal		Р	Р	Р	Р	P	P		BMDC	Note 2,3,4,5,7,8,10
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric		Þ	Ρ	Ρ	Ρ	Ρ	Р		BMDC	Note 2,3,4,5,7,8,10
Small Organ		•							_	
Neonatal Cephalic .		۵.	Ρ	Р	P	P	Ρ		BMDC	Note 2,3,4,5,7,8,10
Adult Cephalic										
Cardiac		Ή.	Ъ	Р	Р	Р	Р		BMDC	Note 3,4
Trans-esophageal										
Transrectal										
Transvaginal										
Transurethral					·					
Intravascular										-
Peripheral vessel		P_	Р	Р	Р	Р	Р		BMDC	Note 2,3,4,5,7,8,10
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial			•							
Other (specify)										

N = new indication; P = previously cleared by FDA K# 063085, K072786, K081148, K082142, K090334, K093812, K111674

#### Additional Comments:

Ensemble tissue harmonic imaging Note 2

SieClear multi view spatial compounding Note 3

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging

B&W SieScape panoramic imaging Note 7

Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription Use (Part 21CFR 801 Subpart D)

(Division Sign-Off Division of Radiological Devices

Diagnostic Device Evaluation and Safety

510 (k) Number (if known):

Device Name: Indications For Use: 14L5 SP Linear Array Transducer for use with ACUSON \$3000 Diagnostic imaging or fluid flow analysis of the human body as follows:

		Mode of Operation											
Clinical Application	Α	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)			
Ophthalmic													
Fetal													
Abdominal													
Intraoperative (Note 9)		P	P	Þ		Р	Р		BMDC	Note 2,3,4,5,7,8,10			
Intraoperative Neurological		Þ	Р	Р		P <sub>.</sub>	P		BMDC	Note 2,3,4,5,7,8,10,			
Pediatric								-					
Small Organ (Note 1)		P	P	Р		Ρ	P		BMDC	Note 2,3,4,5,7,8,10, 11,14, 16			
Neonatal Cephalic							•						
Adult Cephalic													
Cardiac		Р	Ţ	P		P	Р		BMDC	Note 15			
Transesophageal													
Transrectal													
Transvaginal						_							
Transurethral													
Intravascular	:												
Peripheral vessel		Р	P.	P		Р	Р		BMDC	Note2,3,4,5,6 ,7,8,10, 11,14,15			
Laparoscopic													
Musculo-skeletal Conventional		Р	Р	Р		Р	Р		BMDC	Note 2,3,4,5,7,8,10, 11,14			
Musculo-skeletal Superficial													
Other (specify)													

N = new indication; P = previously cleared by FDA K# 063085, K072786, K081148, K082142, K090334, K093812, K111674

# Additional Comments: -

Ensemble tissue harmonic imaging Note 2

Note 3 SieClear multi-view spatial compounding

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging Cadence contrast agent imaging Note 6

**B&W SieScape panoramic imaging** Note 7

Power SieScape panoramic imaging Note 8

For example: vascular, abdominal Note 9

Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding

Note 14 eSie™ Touch elasticity imaging / FTI

Note 15 AHP

Note 16 Custom Tissue Imaging

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Office of In Vitro Diagnostic Device Evaluation and Safety

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510 (k) Number (if known):

Device Name: Intended Use: 7CF2 Curved array mechanical 3D transducer for use with ACUSON S3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

								<del></del>		·
						Me	ode of Oper	ation		
Clinical Application	А	В	·M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		Р	Р	Р	·	P,	Р		BMDC	Note 2,3,4,5,7,8,10, 11,13
Abdominal		Р	Р	Р		Р	Р		вмос	Note 2,3,4,5,7,8,10, 11, 13
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric					Ī	-				
Small Organ							_	:		
Neonatal Cephalic										
Adult Cephalic									:	
Cardiac										
Trans-esophageal										
Transrectal				J						
Transvaginal										
Transurethral				,			•			
Intravascular										
Peripheral vessel										
Laparoscopic		]								
Musculo-skeletai Conventional										<del>-</del>
Musculo-skeletal Superficial										
Other (specify)								·		

N = new indication; P = previously cleared by FDA K# 063803, K072786, K081148, K082142, K090334, K093812, K111674

## Additional Comments:

Note 2 Ensemble tissue harmonic imaging

Note 3 SieClear multi-view spatial compounding

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging

Note 7 B&W SieScape panoramic imaging

Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding

Note 13 STIC

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510 (k) Number (if known):

Device Name: Intended Use: 9EVF4 Curved Array Transducer for use with ACUSON \$3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

•		Mode of Operation											
Clinical Application	Α .	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)			
Ophthalmic													
Fetal		Р	P	. Р		. P	Р		вмос	Note 2,3,4,5,7,8, 10,11, 13			
Abdominal													
Intraoperative Abdominal													
Intraoperative Neurological						-							
Pediatric													
Small Organ													
Neonatal Cephalic		₽	Р	Р		Р	Р		вмос	Note 2,3,4,5,7,8, 10,11			
Adult Cephalic													
Cardiac					•								
Trans-esophageal													
Transrectal													
Transvaginal		Ρ	Р	Р		Ρ.	Р	_ :	вмос	Note 2,3,4,5,7,8, 10,11			
Transurethral													
Intravascular													
Peripheral vessel													
Laparoscopic													
Musculo-skeletal Conventional			·										
Musculo-skeletal Superficial								_					
Other (specify)									_				

N = new indication; P = previously cleared by FDA K# 063803, K072786, K081148, K082142, K090334, K093812, K111674

Additional Comments
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Ensemble tissue harmonic imaging Note 2

Note 3 SieClear multi-view spatial compounding

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging

B&W SieScape panoramic imaging Note 7

Power SieScape panoramic imaging Note 8

Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding

Note 13 STIC

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Vitro Diagnostic Device Evaluation and Safety

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

510 (k) Number (if known):

Device Name: Intended Use:

V5Ms Multiplane TEE Transducer for use with ACUSON \$3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

						M	ode of Opera	ation	·	
Clinical Application	А	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic	Ī - · ·									
Fetal								•		
Abdominal										
Intraoperative Abdominal										· <del></del>
Intraoperative Neurological										
Pediatric										
Small Organ										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Trans-esophageal		Ρ	Р	P	J.	Ρ	Ρ		BMDC	Note 4
Transrectal										
Transvaginal										
Transurethral								•		
Intravascular										
Peripheral vessel										
Laparoscopic							,			
Musculo-skeletal Conventional					İ					
Musculo-skeletal Superficial										
Other (specify)										

N = new indication; P = previously cleared by FDA K# 063803, K072786, K081148, K082142, K090334, K093812, K111674

Additional Comments:

Note 4 Tissue Equalization Technology

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD) Prescription Use (Part 21CFR 801 Subpart D)

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Office of In Vitro Diagnostic Device Evaluation and Safety

510 (k) Number (if known):

Device Name: Intended Use:

18L6 HD Linear Array Transducer for use with ACUSON \$3000 Ultrasound imaging or fluid flow analysis of the human body as follows:

						М	ode of Opera	ation		·
Clinical Application	Α	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic				T						
Fetal										
Abdominal	<u> </u>									
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)		P	Р	P		Р	Р		BMDC	Note 2,3,4,5,7,8,10 11,14, 16
Neonatal Cephalic				ł						
Adult Cephalic	·									
Cardiac		Ρ	Р	Р		P	Р		BMDC	Note 15
Trans-esophageal							<u> </u>			
Transrectal										<u> </u>
Transvaginal										
Transurethral										
Intravascular					·		<u></u> .			
Peripheral vessel		Ρ	Ρ	Р		Р.	P		BMDC	Note 2,3,4,5,7,8,10 11,14,15
Laparoscopic										
Musculo-skeletal Conventional		Р	P	Р		P	. Р	,	BMDC	Note 2,3,4,5,7,8,10 11,14
Musculo-skeletal Superficial		P	ρ	Р		Р	P		BMDC	Note 2,3,4,5,7,8,10 11,14
Other (specify)		•								

N = new indication; P = previously cleared by FDA K081148, K082142, K090334, K093812, K111674

Additional Co	omments:
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For example: breast, testes, thyroid, penis, prostate, etc. Note 1

Note 15 AHP

Note 16 Custom Tissue Imaging

Note 2 Ensemble tissue harmonic imaging

SieClear multi-view spatial compounding Note 3 Note 4

Tissue Equalization Technology

3-Scape real-time 3D imaging Note 5

B&W SieScape panoramic imaging Note 7 Power SieScape panoramic imaging Note 8

Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding

Note 14 eSie™ Touch elasticity imaging / FTI

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

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510 (k) Number (if known):

Device Name: Intended Use:

8V3 Phased Array Transducer for use with ACUSON S3000 Ultrasound imaging or fluid flow analysis of the human body as follows:

	ļ					M	ode of Opera	ation		<del></del>
Clinical Application	Α	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		Р	P	Р	Б	Ρ.	P		BMDC	Note 2,3,4,5,7,8,10
Abdominal					·			•		
Intraoperative Abdominal					,			•••		
Intraoperative Neurological										
Pediatric		P	Р	Р	Р	Р	Р		BMDC	Note 2,3,4,5,7,8,10
Small Organ							,			
Neonatal Cephalic	<u></u>	Р	·Ρ	· P	Ρ	Р	Р		BMDC	Note 2,3,4,5,7,8,10
Adult Cephalic										
Cardiac ·		Ρ	Ρ	Р	Р	P	Р		BMDC	Note 3,4,6
Trans-esophageal										<u> </u>
Transrectal										
Transvaginal										
Transurethral						9			_	
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional			-							
Musculo-skeletal Superficial										
Other (specify) Neonatal Cardiac		Ρ	Р	Р	Р	Р	Р		BMDC	Note 3,4,6

N = new indication; P = previously cleared by FDA K# 063085, K072786, K081148, K082142, K090334, K093812, K111674

# Additional Comments:

Ensemble tissue harmonic imaging
SieClear multi-view spatial compounding
Tissue Equalization Technology
3-Scape real-time 3D imaging

Note 6 Cadence contrast agent imaging
Note 7 B&W SieScape panoramic imaging
Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology

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mulo the	Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD Prescription Use (Part 21CFR 801 Subpart D)
	indicated December 1

Office of in Vitro Diagnostic Device Evaluation and Safety

510K K121138

510 (k) Number (if known):

Device Name: Intended Use:

4V1c Phased Array Transducer for use with ACUSON S3000 Ultrasound imaging or fluid flow analysis of the human body as follows:

						Me	ode of Opera	ation		
Clinical Application	А	В	м	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic	<u> </u>									
Fetal		Р	Р	Р	Р	ρ	P	•	BMDC	Note 2 3 4 5 7 8 10
Abdominal		Р	Р	Ρ	P	· P	Р		BMDC	Note 2 3 4 5 7 8 10
Intraoperative Abdominal		Р	Р	Р	P	Р	Р		BMDC	Note 2 3 4 5 7 8 10
Intraoperative Neurological		ρ	Р	Р	Р	Р	P		BMDC	Note 2 3 4 5 7 8 10
Pediatric		Р	Р	Р	Р	Р	P		BMDC	Note 2 3 4 5 7 8 10
Small Organ										
Neonatal Cephalic										
Adult Cephalic		Р	Р	Р	P	Р	Р		BMDC	Note 2 3 4 5 7 8 10
Cardiac		Р	Ρ	, P	Р	Р	Ρ		BMDC .	Note 2 3 4 5 7 8 10 15
Trans-esophageal						-		•		
Transrectal										
Transvaginal										
Transurethral					·					
Intravascular										
Peripheral vessel	Ì	Р	Þ	Р	Р	Р	Р		BMDC	Note 2 3 4 5 7 8 10 15
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										•
Other (specify) Neonatal Cardiac	•	Р	Р	Р	P	Р	Р		BMDC	Note 2 3 4 5 7 8 10

N = new indication; P = previously cleared by FDA K#'s 052410, 051139, 041319, 032114, 022567, 063085, K090334, K093812, K111674

# Additional Comments:

Note 2 Ensemble tissue harmonic imaging Note 3 SieClear multi-view spatial compounding

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging
Note 6 Cadence contrast agent imaging

Note 6 Cadence contrast agent imaging Note 7 B&W SieScape panoramic imaging

Note 8 Power SieScape panoramic imaging
Note 10 Clarify VE vascular enhancement technology

Note 10 Clarity VE vascular ennan

(Division Sign-Off)
Division of Radiological Devices
Office of in Vitro Diagnostic Device Evaluation and Safety

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

510 (k) Number (if known):

Device Name: Intended Use:

6L3 Transducer for use with ACUSON \$3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

					•	M	ode of Opera	ation		
Clinical Application	А	В	м	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		Р	Р	P	P	Р	Р		BMDC	Note 2 3 4 5 7 8 10, 11
Abdominal										
Intraoperative Abdominal		Р	Р	P	Ь	Р	Р		BMDC	Note 2 3 4 5 7 8 10, 11
Intraoperative Neurological		Р	Р	Р	Р	0.	Р		BMDC	Note 2 3 4 5 7 8 10, 11
Pediatric								*		
Small Organ		Р	Р	Ф	P	Р	Р	- "	BMDC	Note 2 3 4 5 7 8 10, 1
Neonatal Cephalic							,			
Adult Cephalic								<u></u>		
Cardiac		Р	Р	Р	Р	Р	Р		BMDC	Note 2 3 4 5 7 8 10 15
Trans-esophageal							•			
Transrectal										·
Transvaginal										
Transurethral			·,							
Intravascular								·		
Peripheral vessel		Р	Р	Р	Р	Р	P		BMDC	Note 2 3 4 5 7 8 10, 11 15
Laparoscopic										
Musculo-skeletal Conventional		Р	Р	Р	Р	Р	Р		BMDC	Note 2 3 4 5 7 8 10, 11
Musculo-skeletal Superficial		Р	Р	Р	Р	P	Р		BMDC	Note 2 3 4 5 7 8 10, 11
Other (specify)										

N = new indication; P'= previously cleared by FDA K#'s 052410, 051139, 041319, 032114, 022567, 002807, 973767, 063085, K090334, K093812, K111674

#### Additional Comments:

Ensemble tissue harmonic imaging Note 2

SieClear multi-view spatial compounding Note 3

Tissue Equalization Technology Note 4

3-Scape real-time 3D imaging Note 5

Note 6 Cadence contrast agent imaging

B&W SieScape panoramic imaging Note 7

Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology

Note 11 Advanced Sieclear spatial compounding

Note 15 AHP

Division of Radiological Devices Office of In Vitro Diagnostic Device Evaluation and Safety

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510 (k) Number (if known):

Device Name: Intended Use: EV8C4 Transducer for use with ACUSON \$3000

Ultrasound imaging or fluid flow analysis of the human body as follows:

						M	ode of Opera	ation		
Clinical Application	А	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		Р	Р	Р	Ρ	P	Р		BMDC	Note 2 3 4 5 7 8 10
Abdominal		Ρ	Ρ	P	P.	ρ	Р		BMDC	Note 2 3 4 5 7 8 10
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric										
Small Organ										*
Neonatal Cephalic								·		·
Adult Cephalic										
Cardiac										
Trans-esophageal										
Transrectal										
Transvaginal		Р	Ρ	Р	Р	Р	Р		BMDC	Note 2 3 4 5 6 7 8 10
Transurethral										
Intravascular										·
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial						-				
Other (specify)							1			

N = new indication; P = previously cleared by FDA K#'s 052410, 051139, 041319, 032114, 022567, 002807, 973767, 063085, K090334, K093812, K111674

#### Additional Comments:

Note 2 Ensemble tissue harmonic im	naging
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Note 3 SieClear multi-view spatial compounding

Note 4 Tissue Equalization Technology

Note 5 3-Scape real-time 3D imaging

Note 6 Cadence contrast agent imaging Note 7 B&W SieScape panoramic imaging

Note 8 Power SieScape panoramic imaging

Note 10 Clarify VE vascular enhancement technology 510kg

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Office of In Vitro Diagnostic Device Evaluation and Safety

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510 (k) Number (if known):

Device Name:

V7M TEE Transducer for use with ACUSON \$3000

Intended Use:

Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	A	В	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Color Velocity Imaging	Combined (Specify) *	Harmonic Imaging	Other (Specify)
Ophthalmic					-						
Fetal								1		,	
Abdominal	1	Į.P	Р	P	Р	Р	·P		Р	P	Note 4
Intraoperative Abdominal											
Intraoperative Neurological											
Pediatric	1	Р	Р	Р	P	P	Р		Р	P	Note 4
Small Organ (specify)**											
Neonatal Cephalic	1							İ.			
Adult Cephalic	ĺ										·
Cardiac		Ъ	Р	P	Р	P	Р .		P	P	Note 4
Trans-esophageal		Ъ	Р	Р	P.	Р	Р		Р	Р	Note 4
Transrectal								ļ	ĺ	1	
Transvaginal											
Transurethral											
Intravascular			Ī								
Peripheral Vessel						-					
Laparoscopic											<u> </u>
Musculo-skeletal (Conventional)											
Musculo-skeletal (Superficial)											
Other (specify)	1		$\neg$								

P=previously cleared by the FDA under premarket notifications #K052410, #K051139, #K041319, #K032114, and #K022567, K093812, K111674

#### **Additional Comments:**

\*Combinations include: B+M, B+PWD, B+CWD, B+Color Doppler, B+M+ Color Doppler, B+PWD+Color Doppler, B+CWD+Color Doppler, B+Power Doppler, B+PwD+Color Dopple

# B+M+POWER DOPPLER, B+PWD+POWER DOPPLER, B+CWD+POWER DOPPLER, B+CLARIFY VE

Note 2 Ensemble tissue harmonic imaging Note 4 Tissue Equalization Technology

Note 10 Clarify VE vascular enhancement technology

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription Use (Part 21CFR 801 Subpart D)

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Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K 101138

510 (k) Number (if known):

Device Name: Intended Use: AcuNay 8F Ultrasound Catheter for use with ACUSON \$3000

Catheter is intended for intra-cardiac and intraluminal visualization of cardiac

and great vessel anatomy and physiology as well as visualization of other

devices in the heart of adult and pediatric patients.

	Mode of Operation											
Clinical Application	A	В	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Color Velocity Imaging	Combined (Specify) *	Other: Harmonic Imaging		
Ophtalmic												
Fetal		1										
Abdominal		<u>L</u> .							<u> </u>			
Intraoperative (Vascular)			ļ	•								
Intraoperative (Neurological)										·		
Pediatric		Р	Р	Р	Р	Р	Р		Р			
Small Organ (Specify)**						i 						
Neonatal Cephalic												
Adult Cephalic					_			·				
Cardiac		Р	Р	£	Ρ	Ρ	Р		P			
Trans-esophageal												
Transrectal										_		
Transvaginal							·					
Transurethral		<u> </u>										
Intra-Luminal		Р	Р	P.	Р	P	P		P			
Peripheral Vessel												
Laparoscopic												
Musculo-skeletal	1											
Conventional					_					-		
Musculo-skeletal												
Superficial	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$											
Other (Intra-Cardiac)	.1	P	P	Р	Ρ	P	Р		P			

P=Previously cleared by the FDA K992631, K033650, K042593, K071234, K093812, K111674

Additional Comments:					
*Combinations include: DAM	D+DWD	P+CWD	R+Color D	onnler	R+1

Doppler, B+PWD+Color Doppler, B+CWD+Color Doppler, B+Power Doppler,

B+M+POWER DOPPLER, B+PWD+POWER DOPPLER, B+CWD+POWER DOPPLER

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription Use (Part 21CFR 801 Subpart D)

Division of Radiological Devices
Office of in Vitro Diagnostic Device Evaluation and Sere y

310K (100)

510 (k) Number (if known):

Device Name:

AcuNav 10F Ultrasound Catheter for use with ACUSON \$3000

Intended Use:

Catheter is intended for intra-cardiac and intraluminal visualization of cardiac and great vessel anatomy and physiology as well as visualization of other

devices in the heart of adult and pediatric patients.

	Mode of Operation											
Clinical Application	A	В	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Color Velocity Imaging	Combined (Specify) *	Other: Harmonic Imaging		
Ophtalmic												
Fetal												
Abdominal									·			
Intraoperative												
(Vascular)		-										
Intraoperative												
(Neurological)	+											
Pediatric		Р	Р	₽	Р	Р	Р		Р			
Small Organ		l										
(Specify)**												
Neonatal Cephalic	<u> </u>											
Adult Cephalic												
Cardiac		Ρ	Р	P	_ P	Р.	P		. Р			
Trans-esophageal												
Transrectal				•		•						
Transvaginal			. ]			ļ						
Transurethral												
Intra-Luminal		Έ	Р	Р	Р	Р	Р		р.			
Peripheral Vessel						5						
Laparoscopic												
Musculo-skeletal			İ							•		
Conventional		- 1			1							
Musculo-skeletal Superficial												
Other (Intra-Cardiac)		Р	Р	Р	Р	Р	Р		Р			

P=Previously cleared by the FDA K992631, K033650, K042593, K071234, K093812, K111674

Additional Comments
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\*Combinations include: B+M, B+PWD, B+CWD, B+Color Doppler, B+M+ Color Doppler, B+PWD+Color Doppler, B+CWD+Color Doppler, B+Power Doppler,

B+M+POWER DOPPLER, B+PWD+POWER DOPPLER, B+CWD+POWER DOPPLER

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. 1	Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)	
/hsu	Prescription Use (Part 21CFR 801 Subpart D)	
Office of	(Division Sign Off) Division of Radiological Devices In Vitro Diagnostic Device Evaluation and Safety	
510	K121128	